


**STATE OF WASHINGTON
SECRETARY OF STATE**

Ralph Munro, Secretary of State

 Please PRINT or TYPE in black ink. FILED
 Date, date and return original and one copy to:

 CORPORATIONS DIVISION
 505 E. UNION - PO BOX 4023
 OLYMPIA, WA 98504-0234

AUG 25 1999

 Be sure to include filing fee. Checks should
 be made payable to "Secretary of State"

 RALPH MUNRO
 SECRETARY OF STATE

**APPLICATION TO FORM A
PROFIT CORPORATION**

(Per Chapter 23B.02 RCW)

FEE: \$175

 EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY
 INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
 ON OUTSIDE OF ENVELOPE

FOR OFFICE USE ONLY

 FILED 08 125 11999 UBI: 601 976 161
 CORPORATION NUMBER:

IMPORTANT! Person to contact about this filing

NEAL A. FORTMAN

Daytime Phone Number (with area code)

(425) 822-4252

ARTICLES OF INCORPORATION

NAME OF CORPORATION (Must contain the word "Corporation", "Incorporated" or "Limited" or the abbreviation "Corp.", "Inc.", "Co." or "Ltd.")

NATIONAL HEALTHCARE SERVICES INC.

 NUMBER OF SHARES (Minimum of one (1) share must be listed)
 THE CORPORATION IS
 AUTHORIZED TO ISSUE 1,000,000

 CLASS OF (If "preferred" class is checked, please attach description)
 SHARES ☒ Common ☐ Preferred

 EFFECTIVE DATE OF (Specified effective date may be up to 90 days after receipt of the document by the Secretary of State)
 INCORPORATION ☒ Specific Date: 9-1-1999 ☐ Upon filing by the Secretary of State

>>> PLEASE ATTACH ANY OTHER PROVISIONS THE CORPORATION ELECTS TO INCLUDE <<<

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name NEAL A. FORTMAN

Street Address (Required) 4523-102ND LN NE City KIRKLAND State WA ZIP 98033

Box (Optional - Must be in same city as street address) ZIP (If different than street ZIP)

 I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my
 responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify
 the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Agent NEAL A. FORTMAN Date 8-25-1999

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach additional names and addresses)

Name NEAL A. FORTMAN

Address 4523-102ND LN NE City KIRKLAND State WA ZIP 98033

Name

Address City State ZIP

Name

Address City State ZIP

SIGNATURE OF INCORPORATOR

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Signature of Incorporator NEAL A. FORTMAN INCORPORATOR Date 8-25-1999

CORPORATIONS INFORMATION AND ASSISTANCE - 360/753-7115 (TDD - 360/753-1485)

 PLAINTIFF'S
EXHIBIT
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